

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

Candidate or Committee Name (Do not abbreviate. Use full name.)

HEALTH INSURANCE AGENTS PAC

11/05/2007

Mailing Address

936 NORTH 34TH STREET, SUITE 208

City Zip + 4
 SEATTLE WA 98103

Office Sought (candidates)

Election Date

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous	\$ 0.00	\$ 0.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....	\$ 0.00	\$ 0.00
	c. Loans, notes, security agreements. Attach Schedule L.....	\$ 0.00	
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation.....	\$ 0.00	
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)	\$ 0.00	

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
11/05/2007	ALVAREZ ALEJANDRO MR 19837 47TH AVE NE LAKE FOREST PARK WA 98155				\$ 50.00	\$ 50.00
	Occupation					
11/05/2007	TELLESBO MARSHA 22882 NE 127TH WAY REDMOND WA 98053				\$ 50.00	\$ 100.00
	Occupation					
11/05/2007	PRESTON DAVID MR PO BOX 1777 EDMONDS WA 98020				\$ 50.00	\$ 50.00
	Occupation					
	Occupation					
					\$ 150.00	
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages				

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

\$ 150.00

*See reverse
for details.

4. Date of Deposit

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

11/05/2007

Treasurer's Daytime Telephone No.: () -

NACE JOSHUA

(206) 788-3410